



CMS

MONIES CICS SECURITY ID REQUEST FORM

ADD: _____ CHANGE: _____ DELETE: _____

First Name: _____ MI: ____ Last Name: _____

Social Security #: _____

Phone #: _____ Fax #: _____

Agency: _____ Agency Code (CUSAS): _____

Security ID's

Password must be five characters in length; first character must be alphabetic (other characters may also contain numbers) and each Company must be unique.

Co. # 01 Voice (All State Ex. Spfld.)	Co. # 02 Directory	Co. # 03 Data (All State)	Co. # 06 Voice Spfld. Only
_____	_____	_____	_____

Functions Requested:

☐ Order Management

☐ Inventory Inquiry

☐ Billing Inquiry

☐ Problem Management

☐ Bulk Warehousing

☐ Directory

Special Access ('☒'):

(Requires accompanying letter from Div. Mgr. or higher, acknowledging security management responsibility.)

☐ Pager Information

☐ Mobile Phone Information

☐ Credit Card Information

☐ Directory Organization Records

Employee's Supervisor: _____

Supervisor's -- Phone #: _____ Fax #: _____

Agency Telecom Coordinator: _____

Coordinator's -- Phone #: _____ Fax #: _____

Requested By: _____

Title: _____ Date: _____